

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No.

Registrar's No.

4218

1932

FILED MAR 10 1943 18

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1127<sup>th</sup> Salisbury Street 3  
(If not in hospital or institution, write street number or location)  
Emmanuel Hospital for Insane (Specify whether  
In this community 80-0-6  
years, months or days)

3. (a) PRINT FULL NAME William Goedecke

8. (b) If veteran, name war no 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, 2 divorced widowed  
6. (b) Name of husband or wife Caroline Goedecke 6. (c) Age of husband or wife if alive 18 1/2 years  
7. Birth date of deceased Feb 19 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 0 3 8 hr. min.

9. Birthplace St Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Boiler Maker

11. Industry or business Sheet and Metal Co.

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Wm Goedecke

(b) Address Chester Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Chester Ill.

18. (a) Signature of funeral director Charles Schroeder

(b) Address Chester Illinois

19. (a) FEB 27 1943 (b) J. J. Bradok  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1127<sup>th</sup> Salisbury  
(If rural, give location)  
(e) If foreign born, how long in U. S. No Attending Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1943 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Sclerosis

Due to Arteriosclerosis

Due to 94

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter G. Perry (M. D. or other)

Address St Louis Date signed 2/23/43

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_,

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**